

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: AS
APPLICATION YEAR: 2005

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2004		APPLICANT IDENTIFIER	
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		STATE APPLICATION IDENTIFIER	
		4. DATE RECEIVED BY FEDERAL AGENCY		FEDERAL IDENTIFIER	
5. APPLICANT INFORMATION					
Legal Name: American Samoa Government			Organizational Unit: Department of Health		
Address (give city, county, state and zip code) Pago Pago, AS 96799 County: American Samoa, US			Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Tamasoalii Joseph Tufa, DSM, MPH Tel Number: 684-633-4606		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">97-0000067</div>			7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):			9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">93994</div> TITLE: Maternal and Child Health Services Block Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: American Samoa Maternal and Child Health Program		
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Territory wide					
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 10/01/2004		Ending Date: 09/30/2005		a. Applicant American Samoa	
				b. Project MCH Program	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ <u>541,064.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ <u>0.00</u>				
c. State	\$ <u>405,798.00</u>				
d. Local	\$ <u>0.00</u>				
e. Other	\$ <u>0.00</u>				
f. Program Income	\$ <u>0.00</u>				
g. TOTAL	\$ <u>946,862.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Togiola T. Tulafono			b. Title Governor		c. Telephone Number 684-633-4116
d. Signature of Authorized Representative			e. Date Signed		

FORM 2
MCH BUDGET DETAILS FOR FY 2005

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: AS

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 541,064

A.Preventive and primary care for children:

\$ 162,320 (30%)

B.Children with special health care needs:

\$ 162,320 (30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 54,106 (10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 405,798

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 318,604

\$ 405,798

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 946,862

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

Immunization \$ 185,789

\$ 0

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 285,789

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 1,232,651

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: AS

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 524,002	\$ 524,002	\$ 524,000	\$ 0	\$ 541,064	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 397,696	\$ 397,696	\$ 398,759	\$ 0	\$ 405,798	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 921,698	\$ 921,698	\$ 922,759	\$ 0	\$ 946,862	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 284,466	\$ 284,466	\$ 184,466	\$ 0	\$ 285,789	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 1,206,164	\$ 1,206,164	\$ 1,107,225	\$ 0	\$ 1,232,651	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: AS

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 518,604	\$ 518,604	\$ 518,604	\$ 518,604	\$ 524,002	\$ 524,002
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 388,953	\$ 388,953	\$ 388,953	\$ 388,953	\$ 397,696	\$ 397,696
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 907,557	\$ 907,557	\$ 907,557	\$ 907,557	\$ 921,698	\$ 921,698
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 309,534	\$ 309,534	\$ 373,201	\$ 373,201	\$ 260,100	\$ 260,100
9. Total <i>(Line11, Form 2)</i>	\$ 1,217,091	\$ 1,217,091	\$ 1,280,758	\$ 1,280,758	\$ 1,181,798	\$ 1,181,798
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3
None
FIELD LEVEL NOTES
None

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: AS

	FY 2003		FY 2004		FY 2005	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 102,544	\$ 102,544	\$ 168,321	\$ 0	\$ 118,335	\$ 0
b. Infants < 1 year old	\$ 138,369	\$ 138,369	\$ 168,321	\$ 0	\$ 118,515	\$ 0
c. Children 1 to 22 years old	\$ 276,738	\$ 276,738	\$ 246,921	\$ 0	\$ 284,004	\$ 0
d. Children with Special Healthcare Needs	\$ 276,738	\$ 276,738	\$ 246,921	\$ 0	\$ 284,004	\$ 0
e. Others	\$ 35,825	\$ 35,825	\$ 0	\$ 0	\$ 47,334	\$ 0
f. Administration	\$ 91,484	\$ 91,484	\$ 92,275	\$ 0	\$ 94,670	\$ 0
g. SUBTOTAL	\$ 921,698	\$ 921,698	\$ 922,759	\$ 0	\$ 946,862	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 0		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 184,466		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Immunization	\$ 184,466		\$ 0		\$ 185,789	
III. SUBTOTAL	\$ 284,466		\$ 184,466		\$ 285,789	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: AS

	FY 2000		FY 2001		FY 2002	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 126,903	\$ 126,903	\$ 150,000	\$ 150,000	\$ 125,416	\$ 125,416
b. Infants < 1 year old	\$ 127,363	\$ 127,363	\$ 102,000	\$ 102,000	\$ 125,916	\$ 125,916
c. Children 1 to 22 years old	\$ 271,422	\$ 271,422	\$ 270,000	\$ 270,000	\$ 274,899	\$ 274,899
d. Children with Special Healthcare Needs	\$ 271,092	\$ 271,092	\$ 270,000	\$ 270,000	\$ 272,899	\$ 272,899
e. Others	\$ 20,021	\$ 20,021	\$ 24,801	\$ 24,801	\$ 30,399	\$ 30,399
f. Administration	\$ 90,756	\$ 90,756	\$ 90,756	\$ 90,756	\$ 92,169	\$ 92,169
g. SUBTOTAL	\$ 907,557	\$ 907,557	\$ 907,557	\$ 907,557	\$ 921,698	\$ 921,698

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 165,316		\$ 241,283		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Immunization	\$ 0		\$ 0		\$ 160,100	
MCH Epi	\$ 44,218		\$ 31,918		\$ 0	
III. SUBTOTAL	\$ 309,534		\$ 373,201		\$ 260,100	

FORM NOTES FOR FORM 4

There is a decrease in funding for services to pregnant women and infants in 2005. There is an increase in costs to serve Others. The costs in Other reflects the activities that include the annual Filariasis Mass Drug Administration campaign, and services MCH staff provide to other adults in the communicable diseases clinic such as screening, treatment, and follow-up for Tuberculosis patients. These costs were not previously documented on these forms however the amount of time and resources required the changes in 2005.

FIELD LEVEL NOTES

None

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: AS

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 262,092	\$ 262,092	\$ 311,603	\$ 0	\$ 388,213	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 99,659	\$ 99,659	\$ 139,506	\$ 0	\$ 151,498	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 237,596	\$ 237,596	\$ 218,104	\$ 0	\$ 142,030	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 322,351	\$ 322,351	\$ 253,546	\$ 0	\$ 265,121	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 921,698	\$ 921,698	\$ 922,759	\$ 0	\$ 946,862	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: AS

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 259,864	\$ 259,864	\$ 293,174	\$ 293,174	\$ 226,529	\$ 226,529
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 222,888	\$ 222,888	\$ 209,879	\$ 209,879	\$ 182,558	\$ 182,558
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 228,009	\$ 228,009	\$ 230,632	\$ 230,632	\$ 259,282	\$ 259,282
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 196,796	\$ 196,796	\$ 173,872	\$ 173,872	\$ 253,329	\$ 253,329
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 907,557	\$ 907,557	\$ 907,557	\$ 907,557	\$ 921,698	\$ 921,698

FORM NOTES FOR FORM 5

In 2005 there is an anticipated increase in dollars spent delivering direct health care services. This is due in part to the increased amount of staff time dedicated to providing basic and primary health care services. An increase is also anticipated in Enabling activities as more health education, oral health, and outreach activities are planned for the year. A slight increase in Infrastructure building activities reflects resources allocated for needs assessment and leadership in delivery of nursing services.

FIELD LEVEL NOTES

None

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: AS						
Total Births by Occurrence: 1,609				Reporting Year: 2003		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria						
Congenital Hypothyroidism						
Galactosemia						
Sickle Cell Disease						
Other Screening (Specify)						
Other	874	54.3	375	375	375	100
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

None

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: AS

Reporting Year: 2003

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,566	100.0	0.0	0.0	0.0	0.0
Infants < 1 year old	1,736	100.0	0.0	0.0	0.0	0.0
Children 1 to 22 years old	5,734	100.0	0.0	0.0	0.0	0.0
Children with Special Healthcare Needs	144	100.0	0.0	0.0	0.0	0.0
Others	37,444	100.0	0.0	0.0	0.0	0.0
TOTAL	46,624					

FORM NOTES FOR FORM 7
None
FIELD LEVEL NOTES
None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: AS

Reporting Year: 2003

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,609	3	0	0	35	1,571	0	0
Title V Served	1,609	3	0	0	35	1,571	0	0
Eligible for Title XIX	1,579	3	0	0	5	1,571	0	0
INFANTS								
Total Infants in State	1,736	5	0	0	45	1,686	0	0
Title V Served	1,736	5	0	0	45	1,686	0	0
Eligible for Title XIX	1,736	5	0	0	45	1,686	0	0

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,609	0	0	0	0	0	0	0
Title V Served	1,609	0	0	0	0	0	0	0
Eligible for Title XIX	1,609	0	0	0	0	0	0	0
INFANTS								
Total Infants in State	1,736	0	0	0	0	0	0	0
Title V Served	1,736	0	0	0	0	0	0	0
Eligible for Title XIX	1,736	0	0	0	0	0	0	0

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: AS

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	(684) 633-4616	(684) 633-4616	(684) 633-2263	(684) 633-2263	(684) 633-2263
2. State MCH Toll-Free "Hotline" Name	Tina & Tamaiti (Mothers & Children)	Tina & Tamaiti (Mothers & Children)	Tina & Tamaiti (Mothers & Children)	Tina & Tamaiti (Mothers & Children)	Tina & Tamaiti (Mothers & Children)
3. Name of Contact Person for State MCH "Hotline"	Jacki Tulafono, MCH Coc	Jacki Tulafono, MCH Coc	Diana Tuinei, Director of I	Diana Tuinei, MCH Coorc	Diana Tuinei, MCH Coorc
4. Contact Person's Telephone Number	(684) 633-4616	(684) 633-4616	(684) 633-4616	(684) 633-4616	(684) 633-4616
5. Number of calls received on the State MCH "Hotline" this reporting period			500	500	700

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: AS

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9
None
FIELD LEVEL NOTES
None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2005
[SEC. 506(A)(1)]
STATE: AS

1. State MCH Administration:
(max 2500 characters)

The Title V Program operates within the Department of Health, providing preventive health primary care services to the Territory's population of women, infants, children and children with special health care needs. The Title V Coordinator works closely with the Director of Community Health and Nursing Administration, the District Coordinator for the community based health centers, the Inservice Coordinator, the Immunization Program, and the Administrator from the Tafuna Family Health Center, as well as the Health Information Office in order to determine the importance, magnitude, value and priority of competing factors upon the environment of health services delivery in the Territory. A majority of the Title V services are provided in the village level health centers. Clinical services are provided by two nurse practitioners. Within the Title V administrative control are the following programs and services: Well Child Program, Immunization Services, Perinatal Care Program, MCH Education Program, CSHCN Program, Quality Improvement, Inservice, Pediatric Consultation, and Telehealth.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 541,064
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 405,798
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 946,862

9. Most significant providers receiving MCH funds:

Tafuna Family Health Center
Children with Special health care needs
Health Centers (eastern, central, western)

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	1,566
b. Infants < 1 year old	1,736
c. Children 1 to 22 years old	5,734
d. CSHCN	144
e. Others	37,444

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Well Baby/Child Care: Well baby visits are coordinated to coincide with the national immunization schedule. Nurses conduct growth and developmental screening as well as administer vaccinations. MCH Care Providers assess children at the initial visit (at any age if that is the first time they have been assessed), one month, nine months and at any time warranted. Prenatal Care: Prenatal visits are provided in 2 of the Public Health dispensaries and in the OBGYN clinic at LBJ Tropical Medical Center. At the initial visit prenatal clients receive Hep B, blood sugar, hemoglobin, VDRL, chlamydia, weight, and blood pressure screenings as well as a full physical assessment. Subsequent visits are for followup and monitoring. All clients receive nutritional counseling and health education. Health education services are provided on an individual basis in the clinic setting and on a community wide basis through media programs on TV and radio.

b. Population-Based Services:
(max 2500 characters)

CSHCN: assessments, followup, referral and care coordination for each CSHCN client. Services involve family input, are culturally sensitive, and are provided in the home setting. CSHCN Services act as the medical home for 100% of identified CSHCN. Immunizations: Immunization coverage remains a priority of the Title V program. Immunization services are provided to all children through the community based dispensaries. Free vaccinations, health education, incentives and a reminder system are included in the immunization services provided. Dental Outreach Program: This is a joint effort with the Dental Services of the LBJ Tropical Medical Center to provide both preventive and restorative dental services to school children. The Dental Outreach Team provides health education, screening for dental caries, fissure sealants, fluoride, and restorations as indicated.

c. Infrastructure Building Services:
(max 2500 characters)

Health Systems Development: Policies, procedures, and clinical standards continue to be activities of the MCH Program. The Prenatal System of care is currently undergoing revision, with new policies and procedures being implemented. Systems of services for CSHCN and the Well Baby/Child clinics are monitored, evaluated and revised continuously. Information System: Through the SSDI project the MCH Program has an operational data system for Well Baby/Child and Immunizations, with Post-partum & Newborn registries. In FY2003 a similar system will be developed for Perinatal services. Partnerships/Collaborations: Title V will continue to build partnerships with other service providers such as LBJ Tropical Medical Center, Head Start, and WIC.

12. The primary Title V Program contact person:

Name	Jacki M. Tulafono
Title	MCH Coordinator

13. The children with special health care needs (CSHCN) contact person:

Name	Diana Tuinei, RN, MPH
Title	Director of Community Health and Nursing Services

Address c/o Department of Health
City Pago Pago
State AS
Zip 96799
Phone (684) 633-4616/7223
Fax (684) 633-4617/5379
Email jacki@lbj.peacesat.hawaii.edu
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Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: AS

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	0	0	0
Annual Indicator					NaN
Numerator					0
Denominator					0
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	30	35	40	45	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	76	87	80	82	82
Annual Indicator	86.8	80.3	60.5	69.9	83.7
Numerator	1,222	1,146	1,182	1,393	1,668
Denominator	1,408	1,428	1,955	1,994	1,994
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	70	72	74	76	77
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	18	24.7	24	23	22
Annual Indicator	24.7	20.9	14.3	22.8	18.9
Numerator	40	39	22	35	30
Denominator	1,618	1,862	1,542	1,535	1,587
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	22	21	20	19	18
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	7	45	50	52	53
Annual Indicator	45.0	64.1	82.5	61.8	40.7
Numerator	497	903	458	254	425
Denominator	1,105	1,408	555	411	1,043
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	55	60	65	70	72
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	1.6	7.5	7	6	6
Annual Indicator	7.5	5.8	5.9	8.8	7.3
Numerator	5	4	4	6	5
Denominator	66,405	69,445	67,692	67,977	68,176
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	5	5	4	4	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	81	71	73	15	10
Annual Indicator	71.3	58.1	10.9	6.5	9.2
Numerator	1,237	276	96	105	58
Denominator	1,736	475	877	1,627	631
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	10	10	12	12	14
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	
Numerator	0	0	0	0	
Denominator	0	0	0	0	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	100.0	100.0
Numerator	0	0	0	4,937	7,602
Denominator	0	0	0	4,937	7,602
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	0.5	0.45	0.5	0.5	0.5
Annual Indicator	0.5	0.3	0.5	0.4	0.6
Numerator	8	5	9	6	10
Denominator	1,736	1,730	1,655	1,627	1,609
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>0.5</u>	<u>0.5</u>	<u>0.4</u>	<u>0.4</u>	<u>3</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	11	46	45	45	44
Annual Indicator	46.0	35.8	40.7	35.5	43.1
Numerator	7	6	7	6	7
Denominator	15,203	16,775	17,193	16,916	16,247
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	43	43	42	42	41
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	
Numerator	0	0	0	0	
Denominator	0	0	0	0	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	21	21	22	23	24
Annual Indicator	13.7	16.8	22.7	23.8	25.3
Numerator	41	80	128	214	165
Denominator	300	475	565	901	651
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>25</u>	<u>25</u>	<u>26</u>	<u>26</u>	<u>27</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

Percent of infants born to women receiving adequate Prenatal Care according to the Kotelchuk Index.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	22	22	23	24	26
Annual Indicator	22.1		25.7	24.9	25.3
Numerator	30		145	224	165
Denominator	136		565	901	651
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	26	26	27	27	27
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

Percent of Children with Special Health Care Needs (CSHCN) who have age appropriate completed immunizations.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	40	40	60	80	90
Annual Indicator	19.4		59.6	60.1	84.0
Numerator	54		96	116	121
Denominator	279		161	193	144
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	90	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 3

Percentage of annual re-evaluation of Children with Special Health Care Needs (CSHCN) by the Interdisciplinary Team.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	11	15	30	45	55
Annual Indicator	11.8		59.0	45.1	75.0
Numerator	33		95	87	108
Denominator	279		161	193	144
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	65	75	80	80	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

Percent of Children with Special Health Care Needs (CSHCN) who have received all services recommended by their individual service plans.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective		7	10	55	75
Annual Indicator	3.6		52.6	34.2	70.1
Numerator	10		50	66	101
Denominator	279		95	193	144
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	85	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

Percent of 2, 3, and 4 year olds in the Well Child Clinics who have dental caries.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	85%	85	83	80	75
Annual Indicator	85.0		29.5	18.3	60.0
Numerator	5,085		169	499	830
Denominator	5,982		572	2,720	1,384
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	74	73	72	71	70
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 6

Percentage of 6 month olds in Well Baby Clinics who are exclusively breastfed.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	10	12	13	14	30
Annual Indicator	12.7		30.9	34.8	24.4
Numerator	34		344	679	447
Denominator	267		1,112	1,950	1,835
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	30	30	32	32	34
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

Percent of 14-17 year olds attending school who admitted to smoking in the last 30 days.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	40.7	40.7	38	38	37
Annual Indicator	40.7		37.1	37.1	37.1
Numerator	328		294	294	294
Denominator	805		793	793	793
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	37	35	35	34	34
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
2. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
3. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
5. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
6. **Section Number:** Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2005
Field Note:
This measure does not apply to American Samoa as there is no hearing screening provided for newborns.
7. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2005
Field Note:
Medicaid and SCHIP funds are not distributed to the Territory on a fee for service basis. The Territory of American Samoa is unique in its Title XIX status in that the Territory as a whole receives a lump sum of Medicaid funds to reimburse the Territory for services rendered. This sum has been negotiated on the federal level according to the population size combined with the fact nearly 60% of the population of the Territory live at or below poverty level. Further all preventive health services and medical care is delivered to the population free of charge. The American Samoa Medical Authority charges a nominal administrative fee for all services provided. As a result, all Medicaid eligible persons receive a service paid for by Title XIX including children.

The data reported for this measure reflect the number of children served by Title V in 2003.
8. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2005
Field Note:
This measure does not apply to American Samoa. There is only one birthing facility for all births.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: AS

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	13.5	13	13	12.5	12.5
Annual Indicator	13.3	11.6	10.0	11.2	13.3
Numerator	67	60	51	56	65
Denominator	5,051	5,154	5,121	5,012	4,891
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	12	11	11	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					
Annual Indicator	NaN	NaN	NaN	NaN	
Numerator	0	0	0	0	
Denominator	0	0	0	0	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	10	9.5	9	8.5	8.5
Annual Indicator	8.9	8.3	7.0	6.2	7.6
Numerator	45	43	36	31	37
Denominator	5,051	5,154	5,121	5,012	4,891
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7	7	6	6	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3.5	3.5	3.4	3.3	3.2
Annual Indicator	4.4	3.3	2.9	4.6	5.3
Numerator	22	17	15	23	26
Denominator	5,051	5,154	5,121	5,012	4,891
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5	5	4	4	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	18	17	17	16.5	16.5
Annual Indicator	15.4	15.6	15.1	15.2	16.0
Numerator	78	81	78	77	79
Denominator	5,051	5,206	5,178	5,062	4,936
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	16	16	16	16	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	35	34	34	33.5	33
Annual Indicator	37.6	31.7	40.9	23.1	56.8
Numerator	25	22	27	15	37
Denominator	66,405	69,445	66,037	65,004	65,180
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	55	55	54	54	53
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: AS

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

1

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

1

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 9

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: AS FY: 2005

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Increase the percent of women receiving adequate prenatal care.
2. Increase the percentage of Children with Special Health Care Needs with completed immunizations.
3. Improving the health functioning of Children with Special Health Care Needs by assuring they receive all the recommended services in their individual service plans.
4. Decreasing dental caries in children .
5. Increase the percentage of 6 month olds who are breastfed.
6. Increase percentage of Children with Special Health Care Needs who receive annual re-evaluations by Interdisciplinary Team.
7. Decrease smoking among adolescents 14-17 years old.
8. Decrease iron deficiency anemia among children.
9. Improve the nutritional status of pregnant women.
10. Improve nutritional status of Children with Special Health Care Needs.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: AS

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Continuing education and staff development.	As an isolated island with a shortage of health care workers continuing education and staff development that is local and affordable is needed.	Someone with experience working in Region 9, specifically the Pacific.
2.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Developing the data system around the Births Certificate involving the hospital and public health.	American Samoa has not adopted the US standard Birth Certificate, largely in part to lack of a data system.	Someone with experience working in Region 9, specifically the Pacific.
3.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Developing the data infrastructure of the department of health.	The Department does not have a comprehensive health information system that can produce all of the data needed for public health surveillance and monitoring functions	Someone with experience working in Region 9, specifically the Pacific.
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: AS

SP # 1

PERFORMANCE MEASURE:

Percent of infants born to women receiving adequate Prenatal Care according to the Kotelchuk Index.

STATUS:

Active

GOAL

Increase percent of infants born to women receiving adequate prenatal care according to the Kotelchuk Index.

DEFINITION

Numerator:

Number of live births to women who received adequate PNC in calendar year

Denominator:

Total live births of calendar year

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Post Partum Cards and Medical RecordsData issues: prenatal care information is not listed on the standard birth certificate in American Samoa. This data must be obtained from clinic log books and medical records.

SIGNIFICANCE

Early, continuous, and high quality prenatal care is critical to improving pregnancy outcomes.

SP # 2

PERFORMANCE MEASURE:	Percent of Children with Special Health Care Needs (CSHCN) who have age appropriate completed immunizations.
STATUS:	Active
GOAL	To assure that all CSHCN have age appropriate completed immunizations.
DEFINITION	<p>Numerator: Number of CSHCN who have age appropriate completed immunizations.</p> <p>Denominator: Total number of children in CSHCN registry.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	CSHCN Program records.
SIGNIFICANCE	Infectious diseases remain important causes of preventable illness in the United States despite significant reduction in incidence in the past 100 years. Vaccines among the safest and most effective preventive measures.

SP # 3

PERFORMANCE MEASURE:

Percentage of annual re-evaluation of Children with Special Health Care Needs (CSHCN) by the Interdisciplinary Team.

STATUS:

Active

GOAL

Increase the percent of CSHCN who have been re-evaluated annually by the Interdisciplinary Team.

DEFINITION

Numerator:

Number of CSHCN who have had an annual re-evaluation by the Interdisciplinary Team.

Denominator:

Total number of CSHCN registered in the program.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

CSHCN Program records.

SIGNIFICANCE

Children with special health care needs and their families require assistance in accessing and coordinating services for health care. This population requires close case management by a "medical home" which will re-evaluate the effectiveness of arranged plans.

SP # 4

PERFORMANCE MEASURE:

Percent of Children with Special Health Care Needs (CSHCN) who have received all services recommended by their individual service plans.

STATUS:

Active

GOAL

To assure that a complete range of essential services are provided to CSHCN by assuring that the individual service plan is followed for each child.

DEFINITION

Numerator:

Number of children registered in CSHCN Program who have received all recommended services.

Denominator:

Number of CSHCN who have had an annual re-evaluation by the Interdisciplinary Team.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

CSHCN Program Records

SIGNIFICANCE

Optimal health status of the CSHCN population is dependent upon the individual service plan developed by the CSN Team with input from the family. The special needs of this population require that the CSN Program assist families in accessing all services outlined in their individual plans.

SP # 5

PERFORMANCE MEASURE:

Percent of 2, 3, and 4 year olds in the Well Child Clinics who have dental caries.

STATUS:

Active

GOAL

Decrease dental caries among children 2, 3, and 4 years old in the Well Child Clinics.

DEFINITION

Numerator:

Children 2, 3, and 4 year olds with dental caries in the Well Child Clinics.

Denominator:

Total number of children 2, 3, and 4 years old in Well Child Clinics.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Well Child Clinic records.

SIGNIFICANCE

Dental caries rates have proven to be very high in American Samoan children. Dental caries is fully preventable and, if left untreated, can seriously compromise a child's quality of life and lead to other illnesses.

SP # 6

PERFORMANCE MEASURE:

Percentage of 6 month olds in Well Baby Clinics who are exclusively breastfed.

STATUS:

Active

GOAL

Increase the percent of 6 month old infants in Well Baby Clinics who are exclusively breastfed.

DEFINITION

Numerator:

Number of 6 month old infants in Well Baby Clinics who are exclusively breastfed.

Denominator:

Number of 6 month olds in Well Baby Clinics.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Well Baby Clinic Records.

SIGNIFICANCE

Breastfed infants have significantly fewer doctor's visits in the first year of life due to the increased immunities transferred to the infant during breastfeeding. Evidence shows that breastfeeding is the optimal way to feed an infant up to at least 12 months of age and can contribute positively to mother-child bonding, promote security in the child and decrease the likelihood of S.I.D.S.

SP # 7

PERFORMANCE MEASURE:

Percent of 14-17 year olds attending school who admitted to smoking in the last 30 days.

STATUS:

Active

GOAL

Decrease the number of adolescents surveyed with the YRBS who admitted to smoking in the last 30 days.

DEFINITION

Numerator:

Number of students surveyed (YRBS) who admitted to smoking in the last 30 days.

Denominator:

Total number of students surveyed in YRBS.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

YRBS Survey results from DOE.

SIGNIFICANCE

Smoking among youth is on the rise in the US and in American Samoa as well. Tobacco is seen as the "threshold" drug which leads to consumption of other drugs. Smoking among adolescents is problematic in that often times, the individual adopts smoking as a long term behavior which leads to illness and possible death. Cigarette smoke is directly linked to low birthweight and prematurity.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: AS

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

		Annual Indicator Data			
	1999	2000	2001	2002	2003
Annual Indicator	NaN	45.0	51.2	46.0	28.0
Numerator	0	42	48	36	24
Denominator	0	9,335	9,378	7,820	8,576
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose ages less than one year during the reporting year who received at least one initial periodic screen.

		Annual Indicator Data				
	1999	2000	2001	2002	2003	
Annual Indicator	NaN	NaN	NaN	NaN	NaN	
Numerator	0	0	0	0	0	
Denominator	0	0	0	0	0	
Is the Data Provisional or Final?				Final	Final	

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

		<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003	
Annual Indicator	NaN	NaN	NaN	NaN	100.0	
Numerator	0	0	0	0	1,736	
Denominator	0	0	0	0	1,736	
Is the Data Provisional or Final?				Final	Final	

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

		Annual Indicator Data				
	1999	2000	2001	2002	2003	
Annual Indicator	60.3	66.5	75.9	65.5	19.2	
Numerator	82	316	429	590	121	
Denominator	136	475	565	901	631	
Is the Data Provisional or Final?				Final	Provisional	

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

		<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003	
Annual Indicator	17.4	26.3	82.5	61.8	20.0	
Numerator	1,242	1,536	458	254	209	
Denominator	7,135	5,832	555	411	1,043	
Is the Data Provisional or Final?				Provisional	Provisional	

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

		<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003	
Annual Indicator	NaN	NaN	NaN	NaN		
Numerator	0	0	0	0		
Denominator	0	0	0	0		
Is the Data Provisional or Final?				Final		

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2005

Field Note:

THIS MEASURE DOES NOT APPLY TO AMERICAN SAMOA. American Samoa does not receive SSI benefits.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: AS

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2003	Other	<u>4.1</u>	<u>0</u>	<u>4.1</u>
b) Infant deaths per 1,000 live births	2003	Other	<u>13.3</u>	<u>0</u>	<u>13.3</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2003	Other	<u>25.3</u>	<u>0</u>	<u>25.3</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2003	Other	<u>19.2</u>	<u>0</u>	<u>19.2</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: AS

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2003	<u>100</u>
b) Medicaid Children (Age range <u>2</u> to <u>5</u>) (Age range <u>6</u> to <u>14</u>) (Age range <u>15</u> to <u>18</u>)	2003	<u>100</u> <u>100</u> <u>100</u>
c) Pregnant Women	2003	<u>100</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: AS

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2003	<u>100</u>
b) Medicaid Children (Age range <u>2</u> to <u>5</u>) (Age range <u>6</u> to <u>14</u>) (Age range <u>15</u> to <u>18</u>)	2003	<u>100</u> <u>100</u> <u>100</u>
c) Pregnant Women	2003	<u>100</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. Section Number: Indicator 06 - SCHIP

Field Name: SCHIP_Infant

Row Name: Infants

Column Name:

Year: 2005

Field Note:

HEALTH INSURANCE DATA DOES NOT APPLY TO AMERICAN SAMOA. The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

The data reported for this measure reflects 100%presumed eligibility for all populations.

2. Section Number: Indicator 06 - SCHIP

Field Name: SCHIP_Children

Row Name: SCHIP_Children

Column Name:

Year: 2005

Field Note:

HEALTH INSURANCE DATA DOES NOT APPLY TO AMERICAN SAMOA. The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

The data reported for this measure reflects 100%presumed eligibility for all populations.

3. Section Number: Indicator 06 - SCHIP

Field Name: SCHIP_Women

Row Name: Pregnant Women

Column Name:

Year: 2005

Field Note:

HEALTH INSURANCE DATA DOES NOT APPLY TO AMERICAN SAMOA. The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

The data reported for this measure reflects 100%presumed eligibility for all populations.

4. Section Number: Indicator 05

Field Name: LowBirthWeight

Row Name: Percent of low birth weight (<2,500 grams)

Column Name:

Year: 2005

Field Note:

HEALTH INSURANCE DATA DOES NOT APPLY TO AMERICAN SAMOA. The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

The data reported for this measure reflects 100%presumed eligibility for all populations.

5. Section Number: Indicator 05

Field Name: InfantDeath

Row Name: Infant deaths per 1,000 live births

Column Name:

Year: 2005

Field Note:

HEALTH INSURANCE DATA DOES NOT APPLY TO AMERICAN SAMOA. The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

The data reported for this measure reflects 100%presumed eligibility for all populations.

6. Section Number: Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name:

Year: 2005

Field Note:

HEALTH INSURANCE DATA DOES NOT APPLY TO AMERICAN SAMOA. The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

The data reported for this measure reflects 100%presumed eligibility for all populations.

7. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2005
Field Note:

HEALTH INSURANCE DATA DOES NOT APPLY TO AMERICAN SAMOA. The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be blow the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes art or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

The data reported for this measure reflects 100%presumed eligibility for all populations.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: AS

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	2	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	2	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: AS

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	2	No
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	1	No
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: AS

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	3.6	2.7	3.9	3.9	4.2
Numerator	62	47	65	64	67
Denominator	1,736	1,730	1,655	1,627	1,609
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	2.7	2.3	3.0	2.7	3.3
Numerator	46	39	48	43	52
Denominator	1,702	1,696	1,616	1,571	1,566
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	0.5	0.3	0.5	0.4	0.6
Numerator	8	5	9	6	10
Denominator	1,736	1,730	1,655	1,627	1,609
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	0.4	0.2	0.6	0.4	0.5
Numerator	6	4	9	6	8
Denominator	1,702	1,696	1,616	1,571	1,566
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator		11.9	22.5	22.1	4.5
Numerator	2	3	5	5	1
Denominator		25,112	22,212	22,656	22,411
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	8.0	4.0	4.5	17.7	123.5
Numerator	2	1	1	4	30
Denominator	25,112	25,112	22,212	22,656	24,289
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	9.2	18.5	10.3	20.2	9.5
Numerator	1	2	1	2	1
Denominator	10,815	10,815	9,699	9,893	10,579
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator		434.1	490.7	450.2	531.1
Numerator	157	109	109	102	129
Denominator		25,112	22,212	22,656	24,289
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator		31.9	40.5	53.0	123.5
Numerator	51	8	9	12	30
Denominator		25,112	22,212	22,656	24,289
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator		46.2	113.4	91.0	302.5
Numerator	43	5	11	9	32
Denominator		10,815	9,699	9,893	10,579
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator		4.4	2.8		1.9
Numerator	1	28	3		5
Denominator		6,366	1,071		2,611
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator		6.9	6.5		1.8
Numerator	112	161	75		19
Denominator		23,350	11,563		10,272
Is the Data Provisional or Final?					Provisional

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

None

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	0							
Women 15 through 17	0							
Women 18 through 19	0							
Women 20 through 34	0							
Women 35 or older	0							
Women of all ages	0	0	0	0	0	0	0	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15			
Women 15 through 17			
Women 18 through 19			
Women 20 through 34			
Women 35 or older			
Women of all ages	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families									
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								
Number living in foster home care	0								
Number enrolled in food stamp program	0								
Number enrolled in WIC	0								
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)									

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	
Living in urban areas	
Living in rural areas	
Living in frontier areas	
Total - all children 0 through 19	0

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	
Percent Below: 50% of poverty	
100% of poverty	
200% of poverty	

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	
Percent Below: 50% of poverty	
100% of poverty	
200% of poverty	

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

None